

LUMPKIN COUNTY **DELINQUENT** HOTEL/MOTEL TAX REPORT FORM

INSTRUCTIONS: THIS FORM **MUST** BE COMPLETED IF THE REPORT IS NOT FILED AND THE TAX IS **NOT PAID** BY THE **20TH OF THE MONTH**. A COPY OF YOUR CORRESPONDING MONTH'S GEORGIA DEPARTMENT OF REVENUE SALES AND USE TAX REPORT **FORM ST-3**) **MUST BE ATTACHED TO THIS REPORT** BEFORE IT CAN BE CONSIDERED COMPLETE.

BUSINESS NAME: _____

GEORGIA SALES TAX NUMBER: _____

LUMPKIN COUNTY BUSINESS LICENSE NUMBER: _____

THIS REPORT COVERS TAX COLLECTED DURING THE MONTH OF: _____, 20____

COMPUTATION OF AMOUNT TO BE REMITTED

- | | |
|---|----------|
| 1. Estimated Gross Rental Proceeds | \$ _____ |
| 2. Estimated Exemptions | \$ _____ |
| 3. Estimated Net Taxable Proceeds
(Line 1 minus Line 2) | \$ _____ |
| 4. Estimated 5% Lodging Occupancy Tax
(Line 3 times .05) | \$ _____ |
| 5. Late Payment Penalty
(Line 4 times .15) | \$ _____ |
| 6. Interest on Late Payment
(Line 4 times .085) | \$ _____ |
| 7. Non-Filing Penalty
(\$25 for every month late) | \$ _____ |
| 8. Total to be Paid (Tax, Penalty and Interest)
(Total of Lines 4, 5, 6, and 7) | \$ _____ |

Please make check for amount on Line 9 payable to the **Lumpkin County Board of Commissioners** and forward with a copy of this report and your corresponding month's **Georgia Department of Revenue Sales and Use Tax Report (Form ST-3)** to:

**Lumpkin County Board of Commissioners, Attn: County Clerk, 99 Courthouse Hill, Suite H,
Dahlonega, GA 30533. (706) 864-3742**

**STATEMENT: I DO HEREBY DECLARE UNDER PENALTY OF LAW THAT THE
INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF
MY KNOWLEDGE.**

DATE: _____ SIGNATURE: _____

TITLE: _____